

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91274 030 ***150.00

DOCUMENT # P02000083842

1. Entity Name

Amy James, Inc.



DO NOT WRITE IN THIS SPACE

11021920

2. Principal Place of Business

892 Myrtle St. NE

Suite, Apt. #, etc.
Apt. 3

City & State
Atlanta GA

Zip
30309

Country
USA

3. Mailing Address

892 Myrtle St. NE

Suite, Apt. #, etc.
Apt. 3

City & State
Atlanta GA

Zip
30309

Country
USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

22-3859764

Applied For
 Not Applicable

5. Certificate of Status Desired

\$6.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name Lexis Nexis Document Solutions, Inc.

Street Address (P.O. Box Number is Not Acceptable)
3953 WW Kelley Rd.

City Tallahassee

FL

Zip Code 32311

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and fee if applicable.

(Print) Registered agent signature required when terminating.

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

NAME	STREET ADDRESS	CITY ST ZIP	TITLE
Amy James	892 Myrtle St. NE, Apt. 3	Atlanta GA 30309	

NAME	STREET ADDRESS	CITY ST ZIP	TITLE

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1109(7)(b), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Amy James, Inc.

4/25/03

404-822-2845

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (2/02)